INSTRUCTIONS for BUILDING PERMIT WORKSHEET

- 1. Complete <u>only</u> the shaded, boxed selection of this form. After completion, please print (in triplicate) and bring them to the Permits Office (2nd floor), Administrative Office Building, 220 South Main Street, Bel Air, Maryland.
- 2. If the construction is to be done by a Maryland Home Improvement contractor, a copy of your contract along with the license number of the contractor is required at the time of application. If you do not have a signed contract from the home improvement contractor, a letter of authorization, indicating their Maryland Home Improvement License number, is required at the time of application.
- 3. To avoid any delays in making your building permit application(s), or the need for a return trip, please call the Permits Office at 410.638.3103 and ask to speak with a Zoning Technician <u>prior to bringing your Building Permit Worksheet into the Permits Office</u>. If any additional information is required at the time of your application, i.e., plat of your property, letter of authorization, 3 sets of constructions plans, etc., the Zoning Technician will let you know. It is important to bring all required documents with you.

SHOULD THIS APPLICATION BE DENIED FOR ANY REASON, ONLY 50% OF THE FEE WILL BE REFUNDED

HARFORD COUNTY, MARYLAND

BUILDING PERMIT WORKSHEET WORKSHEET MUST BE SIGNED. Grading Permit No.

Permit No. ______Owner Authorization Letter ______

Applicant – Complete Shaded Area - Please Print Clearly Address/Location of Work Site (include city): Application Date:						
			Wate		Private Septic	
Is this permit applic	ation the res	oult of a zoning ovenants or re	enforcement investrictions for you	estigation or Stop \underline ur property?	Construction Cost: \$ _ Work Order?	
Applicant				Phone:	Fax:	
Information	Address	5: Street #		City	State	Zip
Property Owner	•			,	Phone:	·
Information	71001000	Street #	Street	City	State	Zip
Contractor	•			F	Phone:	
Information		Street #	Street	City	State	Zip
Building Use: Acreage/Lot Size:_ Electricity: Zoning District: Forest Conservatio	d: Type W Type W n: Grandfat	Parcel: /ork:Cens Plumbing: hered	Lot No.: TZ: us Tract No.: Board of App Exempt Model:	Section No.: Tax ID: Type Heat: eals Reference: Approved Plan	Field Card: Field Card: of Bedrooms:	
Information	No. of Full	Bathrooms: _	No. of H	alf Bathrooms:	No. of Fireplaces	:
Fee	7	_		s = Square	Feet X Rate	= Fee
Calculation	X	-	X	_ =		=
	X		Х —	_ =	_ X	=
		ERTIFICATION F AND INFO	RMATION SUBMIT	= = S APPROVED BASED FED WITH APPLICATION	ON THIS SITE PLAN ON.	=
provisions of the Harfo Department of Inspection until approved. Consent	rd County Cod ns, Licenses ar is given for the	es and laws of ad Permits twenty entry of authorized	the State of Maryl -four (24) hours in d inspectors until the	and will be complied vadvance, when I am re	my knowledge and belief. with, whether specified or leady for inspections. No wind a first of Occupancy.	not. I will notify th
Print Name						
Signature		Date		Caution: A permit will expire one (1) year from dat issued, unless work is started and diligently pursued		